

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

1 Article Addressed to 1-15-03

* RM-10626

Infinity Radio Subsidiary Operations
Inc
2000 K Street, N W
Washington, DC 20006

2 Article Number (Copy from service label)

0023 01 2001

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) L. Love B Date of Delivery 1/24/03
C Signature L. Love ☐ Agent ☐ Addressee
D Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below

3 Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C O D

4 Restricted Delivery? (Extra Fee)

☐ YesDOCKET NO. 1-15-03
RECEIVED & INSPECTED

JAN 22 2003

FCC - MAILROOM

CERTIFIED
MAIL

ORDER DATED

1-15-03

FCC DA 03-44

MIMEOGRAPH NO.

RETURN

RECEIPT

REQUESTED

NAME: Infinity Radio Subsidiary Operations
Inc
2000 K Street, N W
Washington, DC 20006

C. R. R. NO.

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

37

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

4.42

Name (Please Print Clearly) No Use of Stamps

Infinity Radio Subsidiary Operations

Street Apt. No. P.O. Box

City State ZIP+4

Washington DC 20006

PS Form 3800, July 1999

See Reverse for Instructions